2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000118714 **DOCUMENT #**

1. Entity Name

REAL PROPERTY GROUP, INC.



Feb 03, 2003 8:00 am Secretary of State

01-07-2003 90023 040 ***150.00

FILED

						- WE WIT						
Principal Pla	ce of Business	<u> </u>	Mailin	g Address					550(0452	24	
222 TREASU			REASURE BOH RD.						,	• •		
ST. AUGUSTI	INE FL 32080	ST. AUGUSTINE FL 32080						h				
				•]					
2. Principal i	Place of Busine	3. Mailing Address					1 60 5300 141 60 410 1404 06 141 6 441	A 48601 (1861 (1991)				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				İ	☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ıte	City & State					4. FEI Number Applied For				٦.	
,								55-0804768			ot Applicable	-
Zip Country			Zip		Coun	ntry		5. Certificate of Status Desired \$8.75 A		.75 Ac	Iditional	7
6. Name and Address of Current R								Fee Required				_
	6. Name s	and Address of Current H	egistere	d Agent		Name		7. Name and Address of New R	egistered Age	int		\dashv
RAMEORI	D, SCOTT											
	SURE BCH F				Street Address (P.O. Box Number is Not Acceptable)						1	
41	JSTINE FL 32					-						1
OI. AUGU	JOHNE PE DE	600				City		·	 -	7.0		4
U						City			FL	Zip Cod		1
8. The above the obliga	e named entity itions of register	submits this statement for red agent.	the purpo	ose of changing its	registere	ed office or r	egistered	agent, or both, in the State of Flor	rida. I am fami	illar with,	and accept	
SIGNATURE							•					
0.0		printed name of registered agent an	d title if appli	cable. (NOTE	: Registerer	d Agent signature	required wh	en reinstating)	DATE			
		FEE IS \$150.00					•	O. Floation Compoler Fine				7
		Fee will be \$550.00						Election Campaign Fine Trust Fund Contribution			May Be	
	K Payable to I	Florida Department of S										
10.	PRE SI	OFFICERS AND D	IRECTOF		11.			ADDITIONS/CHANGES TO OFFI				ا ا
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NAME	TEPFRE	ey J. HATIN			NAME							
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HITLE	12 ICKU	DW3(140C) IC	<i>)</i> ~ ·	_	-			<u> </u>		Observe	[A420	}
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12. I hereby certify that the information supplied with this filing does not qualify for the						ST-ZIP	in O	- 440 02/03/0 51 11 01 11 01				
TELLINGIBLIA C	acılıyırıatı⊓e∦f	попланон ѕиррнеа with th	is ning d	oes not auglity for t	ne exem	notion stated	un Sectio	n 119 07030). Horida Statutes, Lfi	uriner certify th	at the in	tormation i	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MUKE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-5-02 904-461-3129